

Enter

RESIDENTIAL  $\square$ 

## Schedule C

**BUILDING SAFETY OFFICE** 316 N CAPITOL AVE SUITE C-1 LANSING, MI 48933-1238

 Date:
 Approved by:
 Permit #:

TOTAL: \_\_\_\_\_

**Applicant is Required to Call for inspections.** Office Hours **8-9 AM** and **12-1 PM** Daily Frank Eirosius CPI (517) 483-4368 or Dave Burton (517) 483-4367

COMMERCIAL

INSTALLATION ADD	RESS	3:									
LOCATION: (CIRCLE	E ARE	AS)	-Basement-	-floor #-	-attic-	-roc	ıf	groundcrawl-	-other-		
APPLICANT NAME:								DAY/PHONE (	)		
APPLICANT ADDRES											
OWNERS NAME:								DAY/PHONE (	)		
OWNERS ADDRESS											
RENTAL? NAME OF	TENA	NT: _						DAY/PHONE (	)		
			BLIC ACTS OF 1 APPLICATIONS								
-MASTER LICENSE # 81-			Exp. Date	-CON	ITRACTO	OR LICI	ENSE#	80-	Exp. Date		
-FEDERAL EMPLOYER ID -WORKER COMP. INSURA		ER or RE	EASON FOR EXE	MPTION	J						
-M.E.S.C. EMPLOYER NO.											
APPLICANT SIGNATU	DE _ "S	action	23a of the Sta	to Construc	tion Co	doe A	of of 10	72 1972 DA Act 2	30 MCI 125 1	523 A	
prohibits a person fro	m con	spiring	g to circumve	nt the licens	sing red	quirem	ents o	f this state relatir	ng to persons	who	
perform work on a resi	dentia	l build	ing or a reside	ntial structu	re. Vio	lators	of Sect	tion 23a are subjec	cted to Civil Fir	ıes."	
APPLICANT SIGNAT	URF					*(Ad	ditional	Homeowner Signatu	re Needed On F	Rack )	
								RUCTION	1100000 011 2	——	
		_	-		_	_			me \$	80	
Single Family Dwe	ti-Fami	ly Dwel	lings Up to 1 ½ E	- ψ200 Baths	N	lo. Of U	nits		(each unit) \$	100	
							nits		(each unit) \$	100	
Replacement and	l/or Re	pair of	Residential Wa	ter Heater	\$ 40			Chimney Liner	\$	25	
the # in those that apply.	Res	Com	Enter the # ir	those that a	apply.	Res	Com	Enter the # in tho	se that apply.	Res	Com
BASE FEE ncludes Two Inspections	\$70	\$70	Indirect V		11.7		\$18	Sink; Two-Cor			\$9
cid Waste		\$22	Inside Co	nductor; Each	h Head		\$13	Sink; Three-Co	ompartment		\$10
automatic Washer Waste	\$8	\$11	Laundry	Tub		\$8		Soil Waste Ve	nt Stack or Air	\$16	\$25
ack Flow Preventers; 3/4" or less	\$13	\$13	Lavatory			\$8	\$9	Soil Waste Ve	nt Stack or Air		\$20
Back Flow Preventers; 1"	\$15	\$15	Med Gas/	Vac Piping; ¾	orless		\$13	Sump Pump		\$8	\$9
Back Flow Preventers; 1 1/4"	\$20	\$20	Med Gas	/Vac Piping;	1"		\$19	Urinal			\$9
Back Flow Preventers; 1 ½"	\$23	\$23	Med Gas	/Vac Piping;	1 1⁄4"		\$22	Water Closet		\$8	\$9
Back Flow Preventers; 2"	\$30	\$30	Med Gas	/Vac Piping;	1 ½"		\$28	— Water Distribu 3 Stories or les		\$16	\$18
ack Flow Preventers; over 2"	\$39	\$39	Med Gas	/Vac Piping;	2"		\$37	Water Distribution 3 Stories or less			\$22
Back Water Valve; 1 ½" & up	\$8	\$12	Med Gas	/Vac Piping; (	Over 2"		\$46	— Water Distribu 3 Stories or les			\$30
Bathtub	\$8	\$8	Med Gas	Outlets 1-4			\$20	Water Distribu 3 Stories or les	ition System ss; 2" and over		\$42
Pental Chair		\$25	Med Gas	Outlets over	1; ea		\$5	— Water Distribution over 3 stories;			\$30
ish Washing Machine	\$8	\$19	Sand Tra	ip			\$13	— Water Heater 50 Gal or less	Residential	\$8	
Prinking Fountain		\$15	Sewage	Ejector			\$20	Water Heater	40 Gal or less		\$10
loor Drain	\$8	\$10	Shower of	or Shower He	ead	\$8	\$6	Water Heater	over 40 Gallons		\$20
Garbage Disposal	\$8	\$9	Sink; Res	sidential		\$8		Other Fixtures	Not Listed	\$15	\$20
Grease Trap		\$14	Sink; Slo	р			\$9	Additional Insp	ection Fee or ee (each over 2)	\$50	\$50

**This is not your Permit!** The Permit will be issued only after approval of the Division. Work shall NOT be commenced until the Plumbing Contractor receives the Permit, unless prior approval to start work is obtained by the Plumbing Official.

Work performed in the 100-year Flood Zone will require compliance with the City of Lansing Policy and/or all applicable Codes. Call Zoning at (517) 483-4085 to see if your work address is in the Flood Zone. Maps are available!

## **HOMEOWNER'S AFFIDAVIT**

Homeowner's privileges shall extend to a <u>single-family</u> residence <u>only</u> and shall not apply to any residence or structure from which a monetary gain is being received or is intended to be received, or which is being used for commercial purposes.

The undersigned hereby certifies that he/she is, or will be within 30 days, the legal owner and occupant of the single-family residence at the address on the reverse side of this form. The undersigned further certifies that all work under this permit shall be done by the undersigned, or his/her spouse, in accordance with all applicable Codes and City of Lansing Ordinances.

SIGNED	DATE	
Subscribed and sworn to before me this _	day of	, 20
_	Notary Public Ingham County, Mich	nigan
	My commission expires: _	

## **Miscellaneous Fees**

Board of Appeals/Administrative Modifications:	Single Family Residential Commercial Single Family Residential Rentals	\$200.00
Safety Inspections		

**Refund of Fees:** Holders of permits upon which work has not been started may make written application for a refund of Fees paid for such Permits, provided such application is made and attested before a notary public by the same person or corporation who originally applied for such permit or by the estate of such person or receiver of such corporation within six (6) months of date of issue. Upon verifying the facts in such cases, the Building Safety Manager shall refund seventy-five percent (75%) of all fees in excess of five dollars (\$5.00) in such manner as may be directed by the City Controllers.

**Investigation fee:** Whenever any work for which a permit is required by Code has been commenced without first obtaining said permit, a special investigation shall be made before a permit may be issued for such work. An investigation fee, in addition to the permit fee, shall be collected whether or not a permit is then or subsequently issued. The payment of such investigation fee shall not exempt any person from compliance with all other provisions of the Code nor from any penalty prescribed by law.